


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725252 (1)**  
1. Corporation Name  
**NARANJA LAKES CONDOMINIUM NO. FIVE, INC.**



Principal Place of Business <b>14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032 US</b>	Mailing Address <b>14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032-8330 US</b>
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3. Date Incorporated or Qualified <b>01/10/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Sulte, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-1873201</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**TORRE, HELIO DE LA  
201 ALHAMBRA CIRCLE SUITE #1102  
CORAL GABLES FL 33144**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ANTHONY, LEONARD</b>	
STREET ADDRESS <b>14820 NARANJA LAKES BLVD PH HOMESTEAD FL</b>	
CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARPER, TROY</b>	
STREET ADDRESS <b>P O BOX 4314 PRINCETON FL</b>	
CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>CAMMILLERI, ANN</b>	
STREET ADDRESS <b>14850 NARANJA LAKES BLVD APT 3K HOMESTEAD FL</b>	
CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>DAVIS, FRANKLIN</b>	
STREET ADDRESS <b>14830 NARANJA LAKES BLVD APT 3F HOMESTEAD FL</b>	
CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BOUCHARD, NORMAN W</b>	
STREET ADDRESS <b>14840 NARANJA LAKES BLVD APT 3A HOMESTEAD FL</b>	
CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FAIRFIELD, ROY</b>	
STREET ADDRESS <b>14830 NARANJA LAKES BLVD APT 4A HOMESTEAD FL</b>	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Elizabeth Ryan</b>
2.3 STREET ADDRESS	<b>14840 Naranja Lakes Blvd. # 13</b>
2.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33032</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Director Oneida Loyd/Mason</b>
5.3 STREET ADDRESS	<b>14820 Naranja Lakes Blvd #3H</b>
5.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33032</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **6/2/97** 247-1202

CR2E037 (9/96)